

THE REVOLUTIONARY GOVERNMENT OF ZANZIBAR

FORM No.8

THE ZANZIBAR INDUSTRIAL PROPERTY OFFICE

APPLICATION FOR REGISTRATION OF INDUSTRIAL DESIGN

[Under Regulation 33(1)]

To: The Registrar [Address]	<p style="text-align: center;">For Official Use</p> Date of Receipt by Registrar's Office: Application No.: <p style="text-align: center;">(Office's Stamp)</p> Filing Date:
	Applicant's or Representative's File Reference:
THE APPLICANT(S) REQUEST(S) THAT THE ACCOMPANYING INDUSTRIAL DESIGN BE REGISTERED IN RESPECT OF THE FOLLOWING PARTICULARS:	
I. APPLICANT(S)* Additional information is contained in supplementary box <input type="checkbox"/> Full name: Address: Nationality: Country of residence or principal place of business: Tel. No.: Telegraphic address: Telex No.: Fax No.:	

* The data concerning each applicant must appear in this box or, if the space is insufficient, in the supplementary box

II. AGENT

The following agent has been appointed by the applicant(s) in the power of attorney

accompanying this Form to be filed within one month from the filing of this Form

Full name:

Address:

Tel. No.:Telegraphic Address:Telex No.: Fax No.:

III. PRESENTATIONS OF THE INDUSTRIAL DESIGN; SPECIMEN

This Form is accompanied by:

four graphic representations

four drawings or tracings

a specimen of the industrial design

IV. CREATOR

The creator is the applicant

Additional information is contained in supplementary box

If creator is not the applicant:

Full name:

Address:

Tel. No.:Telegraphic Address:Telex No.:Fax No.:

The statement justifying the applicant's right accompanies this form

V. PRODUCTS

The kind of products for which the industrial design is to be used is (are) the following:

.....
.....

VI. PRIORITY CLAIM (if any)

The priority of an earlier application is claimed as follows:

Country:

Filing Date:

Application No.:

The priority of more than one earlier application is claimed;
the data are indicated in the supplementary box

The certified copy of the earlier application

accompanies this Form

will be furnished within three months of the filing of this Form.

VII. FEES

accompany this Form

VIII. SUPPLEMENTARY BOX*

*Use this box if any of the boxes is not large enough to contain information to be furnished. Indicate the boxes continued in this box by their Roman numerals and title (e.g, "II. APPLICANT(s) (continued)")

SUPPLEMENTARY BOX (cont'd)

IX. SIGNATURE(s)

..... (Applicant(s)/ agent*)
(Date)

..... (Applicant(s)/ Agent*)
(Date)

TO BE FILLED IN BY THE REGISTRAR

1. Date of application received:
2. Date of receipt of corrections, later filed papers completing the application:
3. Date of fees received:

*Type name(s) under signature and delete whichever does not apply.